

The Use of Oral Fluid Testing in Virginia

In 1999, the Board of Health revised HIV antibody testing regulations to allow testing of fluids other than blood. This permitted the Division of HIV/STD to expand HIV testing through use of alternative venues and provide access to populations not previously reached.

The most popular test being used as an alternative to a blood test is oral mucosal transudate or oral fluid testing. The OraSure® ELISA test was approved by the FDA in December of 1994 and the Western Blot test was approved in June of 1996.

OraSure provides the opportunity to test for HIV without use of needles or skin puncturing. Clients place a specially treated collection pad, which resembles a cotton swab, between their cheek and gum. The pad is rolled back and forth until moist and then left in place for two minutes. The pad is placed in a vial and sent to the lab for testing. Only a single sample is needed to perform ELISA and Western Blot testing and results do not need to be confirmed with a blood test.

Test counselors should note that prevention counseling methods and principles are the same for oral testing as they are for blood testing. In addition to providing appropriate prevention counseling, providers should be aware of the following issues when conducting oral testing:

- ◆ Because fluid is being collected from inside the mouth, clients may get the impression that HIV can be transmitted by saliva.

- ◆ OraSure is an antibody test and not a test for the virus. Saliva has never been known to infect anyone with HIV.

- ◆ Saliva contains only small amounts of HIV antibodies. The collection pad is treated to encourage absorption of proteins that lie in the lining of the mouth. It is this fluid and not simply saliva that the OraSure test is collecting. Clients may report a very salty taste in their mouths when using the collection pad. This is caused by the solution being used to draw out the oral fluids.

- ◆ The OraSure test is not a rapid test. Clients should expect test results back in the same time frame as blood test results.

- ◆ Clients may also have questions about the accuracy of OraSure testing. The Centers for Disease Control and Prevention have stated that “A correctly performed oral specimen HIV-1 antibody test is as good as blood for HIV-1 infection for diagnosis in public health and clinical settings.”

The Division of Consolidated Laboratory Services conducted a study in 1999 comparing blood, urine and oral fluid for HIV antibody testing. The results of this comparison confirmed that oral testing is a highly reliable method comparable to blood testing.

OraSure testing does not require a person trained in phlebotomy; therefore testing can be carried out not only by public health nurses and counselors, but

by properly trained educators and outreach workers in community settings. This can expand access to testing for persons reluctant to come to a public clinic or for people with transportation difficulties or child care issues. Persons who previously avoided testing because of needle phobia will also have a less threatening testing option. Testing can also be enhanced among persons for whom blood drawing is difficult such as injecting drug users and children.

Submitted by Elaine G. Martin, Director of Community Services

VDH began use of OraSure in non-invasive settings in spring 2000. A number of community-based organizations are conducting prevention counseling and testing in street and community outreach settings. Several health districts are offering OraSure in walk-in pregnancy clinics and TB clinics. One goal is to encourage testing among high-risk individuals who have not previously been tested. Seropositivity rates can then be compared with rates in more traditional settings to determine if oral testing is beneficial in identifying HIV infected individuals who could benefit from partner counseling and referral services and early intervention. We can also determine if we are providing services to a “new” population not previously accessed. Because OraSure testing costs significantly more than blood testing, it will be important for the Division of HIV/STD to determine the most effective uses of OraSure that result in the greatest benefit to clients.

Questions about Virginia’s OraSure pilot project should be directed to Michelle Joe at (804) 786-3397.